

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**  
HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

2000-07

2. STATE:

Florida

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

1902(a)(10)(A) of the Act

7. FEDERAL BUDGET IMPACT:

a. FFY 2000 \$ 895b. FFY 2001 \$ 3,585

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 1/2/74 / pages 237/1/238  
Attachment 1/2/674 / Supplement 1/1 / page 12  
Supplement 8a to Attachment 2.6-A, page 1a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Attachment 1/2/74 / pages 237/1/238

10. SUBJECT OF AMENDMENT:

Eligibility (Children under age 1 to 2000 FPL)

GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:

Currently in review

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Bob Sharpe

14. TITLE:

Acting Deputy Director

15. DATE SUBMITTED:

September 15, 2000

16. RETURN TO:

Mr. Bob Sharpe  
Acting Deputy Director for Medicaid  
Agency for Health Care Administration  
Post Office Box 12600  
Tallahassee, Florida 32317-2600

Attention: Wendy Johnston

## FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

September 19, 2000

18. DATE APPROVED

May 16, 2001

## PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2000

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Eugene A. Grasser

22. TITLE: Associate Regional Administrator  
Division of Medicaid and State Operations

23. REMARKS:

State agency authorized "pen and ink" change to show substitute page: Supplement 8a to  
Attachment 2.6-A, page 1a for pages listed above.

State Plan Under Title XIX of the Social Security Act

State: FLORIDA

LESS RESTRICTIVE METHODS OF TREATING INCOME  
UNDER SECTION 1902(r)(2) OF THE ACT

X For all eligibility groups not subject to the limitations on payment explained in section 1903(f) of the Act\*: All wages paid by the Census Bureau for temporary employment related to Census 2000 activities are excluded.

X For infants described in 1902(1)(1)(B), all family income between 185% and 200% of the federal poverty level is disregarded as revised annually in the federal register.

\*Less restrictive methods may not result in exceeding gross income limitations under § 1903(f).

TN No. 2000-07

Supersedes

TN No. 2000-01

Approval Date MAY 18 2001

Effective 7/1/2000

Revised Submission 5/10/01